

THE Canadian Hospital

TORONTO, MARCH, 1934



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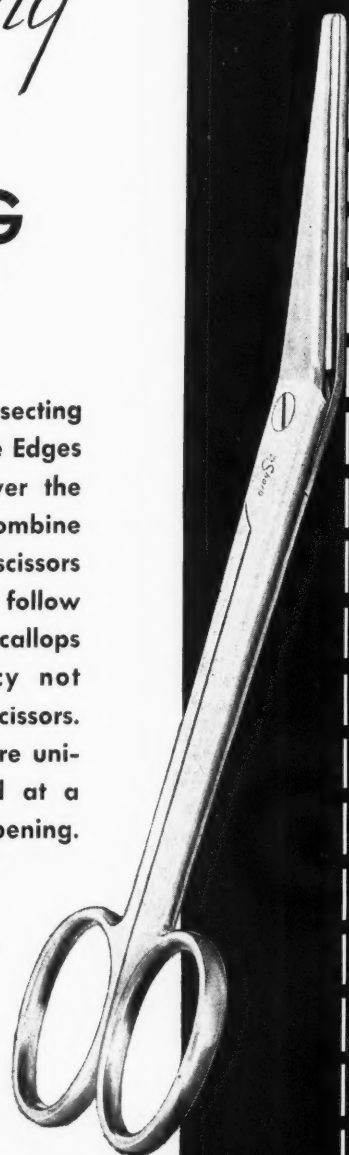


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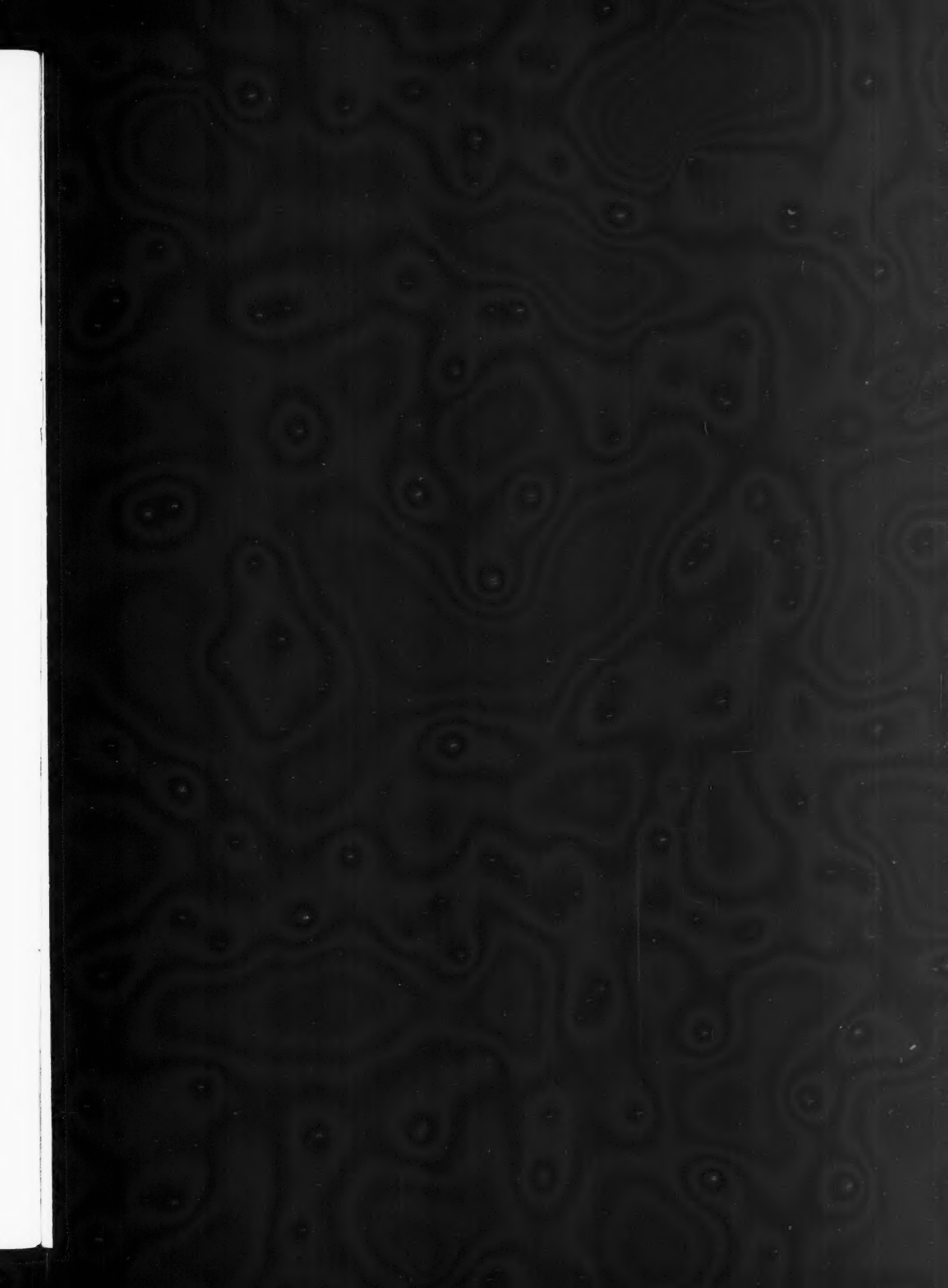
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The Bright Side of the Hospital Situation in Canada

The Public Recognition of Private Non-Tax Supported Hospitals is a Distinct Feature of Our Hospital System

INFORMATION received from many sources indicates that our hospitals are finding the present situation exceedingly difficult. Recently the Canadian Hospital interviewed Doctor Harvey Agnew of the Department of Hospital Service of the Canadian Medical Association, whose hospital work keeps him in close touch with the situation across Canada, and he confirmed this fact. "It is quite true; the few hospitals which are meeting expenses are able to do so only by curtailing much needed replacement or maintenance expenditures, and others have been kept open only by the generous-hearted members of the trustee board themselves guaranteeing overdrawn accounts."

"How do our Canadian hospitals fare these days as compared to the hospitals in the United States or in Europe?" we enquired, keeping in mind Dr. Agnew's recent return from a midwinter hospital conference in Chicago.

"The hospitals in the States," he replied, "are now going through the worst crisis in their history, and in many ways their plight is even worse than is that of Canadian hospitals. Indeed in these days when we are anxiously awaiting the sunrise and our morale needs every encouragement, it may be of interest to us to compare the position of Canadian public hospitals with that of the voluntary hospital elsewhere.

"Hospital occupancy, particularly in private wards, would seem to be lower in the United States than here, although there are definite signs of recovery. For instance one hospital reported a 16% increase in private occupancy for January over the preceding January. However, many of the arrangements which we take for granted here in Canada do not prevail across the line. In every province in Canada public hospitals receive provincial grants; with but very few exceptions state grants are not provided in the United States. Moreover, the majority of our general hospitals under private voluntary boards of management are recognized as 'public' hospitals, and are therefore eligible for both provincial and municipal grants. This public recognition of private non-tax supported hospitals is a distinct feature of our Canadian hospital system. In most of our provinces the municipal support which must be given to hospitals for the care of indigent patients is definitely set forth by statute and, although this amount does not fully cover the cost of caring for such patients, it is of inestimable value to the hospital in balancing the budget. Without doubt this is one reason why the charges for private and semi-private rooms are on the whole lower in Canada than in other countries where comparisons can be made. Moreover, hospitals in Canada are not bothered with codes, C.W.A. restrictions, processing taxes, F.E.R.A. and N.R.A. regulations, etc. Canadian public hospitals are exempt from sales tax and much of the scientific equipment can be obtained either

duty free or subject to but a moderate duty. Bitter as is the struggle of Canadian hospitals to remain open, the plight of the United States hospitals on the whole is much worse and one cannot speak too highly of the courage of their trustees and of their administrative staffs, some of which are months behind in their salaries."

"How about the situation in Great Britain and on the continent?" we asked.

"Our public hospitals," replied Doctor Agnew, "are not faced with the same situation which confronts the voluntary hospitals in England where, as the result of the legislation passed in 1929 County Council Hospitals, really civic hospitals, may be and are set up in competition with the voluntary hospitals. True, we have many civic or municipal hospitals in Canada and the number is increasing, but our arrangement of federal and municipal grants seldom gives the municipal hospital any undue advantage over the voluntarily operated public hospitals. Also, while the provincial governments take an active interest in the welfare of our public hospitals and in most provinces are empowered to demand certain standards of care and can withhold grants if necessary, our hospitals are not under the devitalizing bureaucratic control which prevails in many European countries."

In commenting on the trend in public opinion towards hospitals during the last few years Doctor Agnew said: "One aspect of the silver lining is that the general public now seems to appreciate the work of our hospitals much more than hitherto. We all recall the barrage of newspaper and magazine criticism to which our hospitals were subjected. It has been said that no doctor could be a leading gynecologist unless he had invented a new operation for suspension; apparently aspiring feature writers thought that an attack on our hospitals was an essential probationary effort. Be that as it may, the present common tribulations of mankind have contributed greatly to a greater sympathy towards hospital endeavours. It is doubtful if public interest in our hospitals was ever as intense or as intelligent as at the present time.

"There are many gaps yet in the legislative support and protection desired for our hospitals and we are still far from that hospital Utopia to which all hospital workers with vision look forward; however, we in Canada are very fortunate to have a hospital system of which we can well be proud and one which on the whole has weathered the depression reasonably well and certainly with credit to its workers. How some of the deficits will be met no one seems to know and undoubtedly if present conditions continue many hospitals will be forced to close their doors, but the hospital workers in Canada can be very thankful that the excellent legislation which we now enjoy has minimized to an appreciable extent the economic distress of our institutions."

The New Deal for Hospital Construction

By B. EVAN PARRY, F.R.A.I.C.

Parry & Smith, Architects, Toronto

FIVE years in the history of the human race would appear on the face of it to be a mere bagatelle, but in the case of new developments in the planning and construction of hospitals the past five years has generated and produced more scientific data upon materials and costs in hospital construction than has ever been known before.

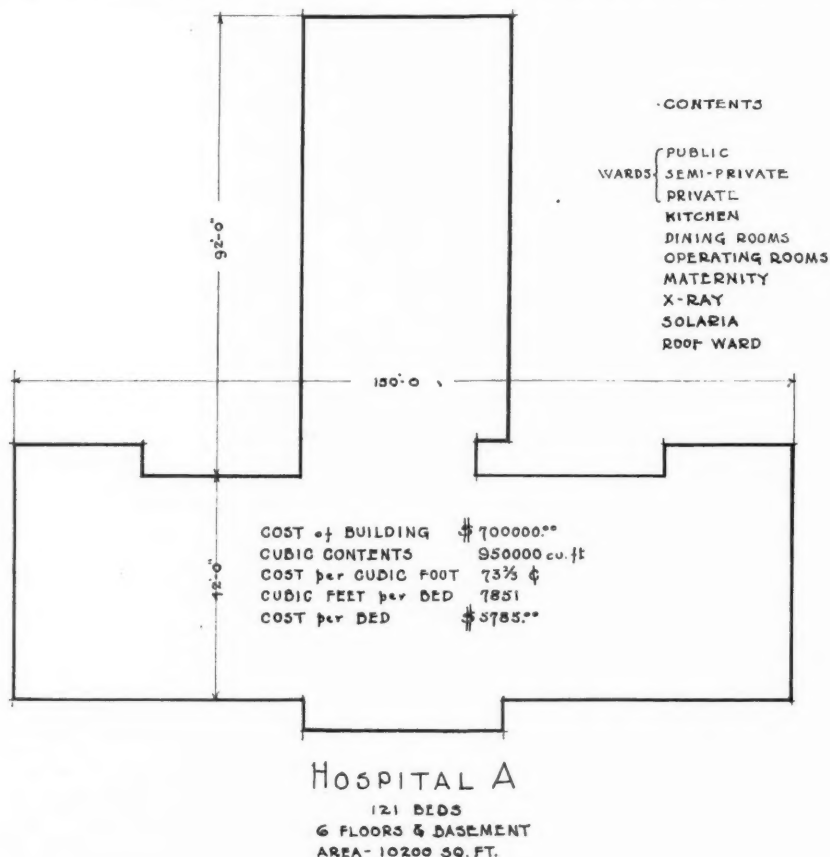
The relationship between the hospital and the patient as represented in costs of treatment is being continuously stressed to-day. Some economists have said that one way out of the morass of the depression is by cutting your coat according to one's cloth and deleting extravagances hitherto looked upon as necessities. Whichever way we may look upon it the case has been established that we must approach our new construction of hospitals from a different angle to that which obtained at the beginning, yea, and even more so, in the middle of this present decade. The question naturally arises how can this be done?—and what is the best procedure to follow to obtain a satisfactory goal.

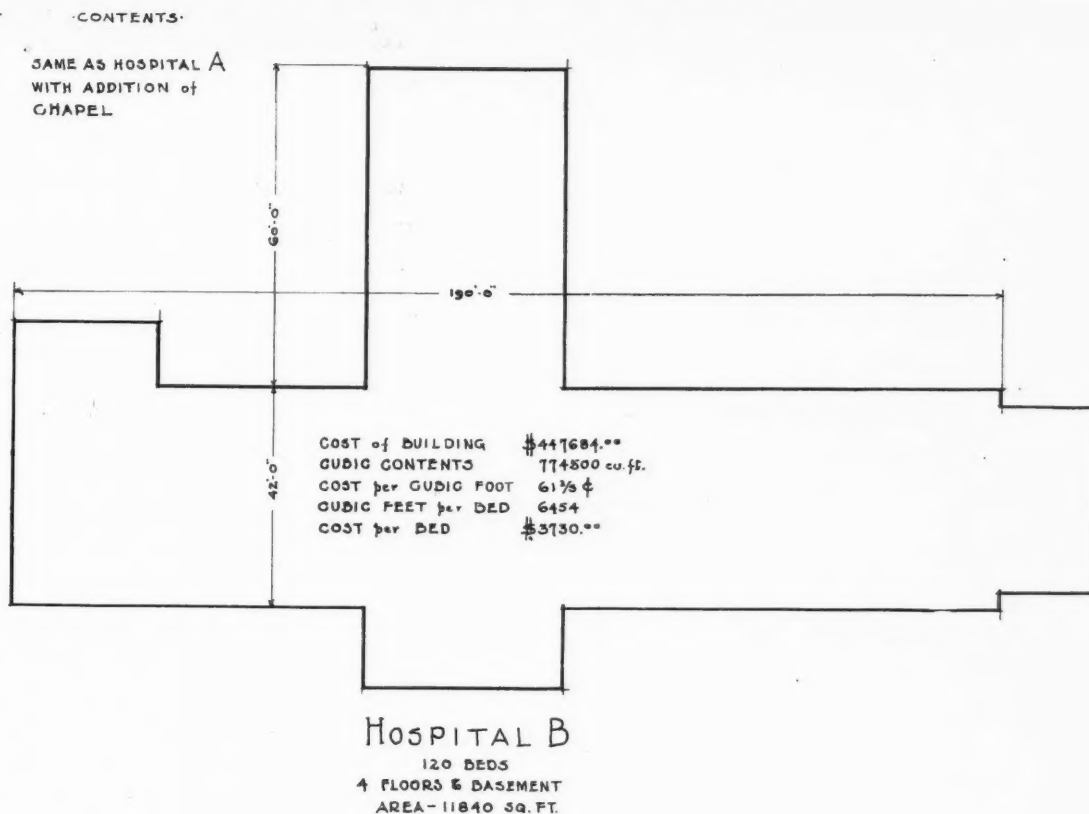
In the natural order of things the calculation of building costs must be considered, to arrive at the price per bed (expressed in terms of cubic feet), but even so, it must be remembered that the costs arrived at are only suitable for comparison if they are confined to the build-

ings themselves, and that part of the surrounding structural work which is immediately connected therewith. The cost of the building site, the opening up of the site, (by streets, sewers, etc., as well as the services such as water, gas, electric and telephone) the embellishment of the surroundings, the loss of interest on the capital outlay during construction, furnishings and equipment should all be included in the total cost insofar as they are inseparably connected with the structure.

If it is desired to make comparisons in structural cost, prices must be established per cubic foot in relation to purchasing power and ratio of purchase over a number of cities.

One of the most serious fallacies is that of generalizing when referring to the cost per bed of this or that hospital project, which claim was endorsed by the findings of the International Hospital Council wherein a serious and timely warning was given of the danger of not taking into consideration when making comparisons, of the variations in costs per cubic foot per bed, of labour and materials, which obtain in different localities on this continent as also in the other parts of the civilized world. As the professor would say, for example, the illustrations shown are of two hospitals built on this continent, one in the East and the other in the West. It will be noted that





the bed capacity is practically the same in both cases, i.e.: Hospital A, 121 beds, and Hospital B, 120 beds; also the different departments, nursing units, and services generally are comparable one with the other, with one exception, in the case of that of Hospital B, which has a chapel. The illustrations given were taken from the plans and costs published in the Modern Hospital, Chicago.

Taking the variations seriatim, costs may be considered first, therefore in spite of the bed capacity being almost the same, hospital A cost \$700,000.00, whereas Hospital B cost \$447,684.00. Both hospitals are of fireproof construction. Secondly, the cubic contents of hospital A is that of 950,000 cubic feet, and in hospital B 774,500 cubic feet.

Next in order may be taken the cost per cubic foot; in the case of hospital A it was 77 2/3 cents, and 61 2/3 cents for Hospital B. The variation in the number of cubic feet per bed is interesting inasmuch as in hospital A it amounts to 7,851 cubic ft. per bed, and 6,454 cubic feet per bed in hospital B.

Lastly, but perhaps the most illuminating, is that of the cost per bed since hospital A cost \$5,785.00 per bed and \$3,730.00 per bed was the cost for hospital B.

No matter how many hospitals are examined and their costs analyzed this variation seems to hold.

In view of the foregoing it will be acceded that it is one of the greatest fallacies when computing the cost of hospital construction, not to take into consideration the various factors involved, which method can only be followed when the guidance of well trained professional advice through the hospital architect is sought.

The building market influences the cost of construction in no small measure, against which the architect is powerless. 'Tis true that he can avail himself of competitive conditions, and also achieve something by the placing of competitive contracts. Further, through the substitution of more economic materials where it is found that others are beyond the budget.

Approximately 40 to 50% of the building cost is absorbed in wages. Therefore materials and smaller items represent from 50 to 60% of the total cost. Wages today are governed by trade union agreements and vary from district to district. Germany is an outstanding example in this respect where the range of wage differences is as much as 100%.

The cost of construction can be lessened by using local materials which do not involve much expenditure for haulage.

The determination of the price of a building is thus a more complicated matter than the determination of the prices of other commodities. This explains in part the great variations in cost which are found within the limits of the Dominion as well as other countries. Comparisons therefore are difficult to establish, and a so-called price per bed may—all things considered—be in reality a high price.

General comparisons of absolute price figures are worthless, and to explain the unit price, market conditions and purchasing power of money must be understood.

One could go on ad infinitum stressing the pitfalls which hospital trustees become heir to, even the hospital

(Continued on page 25)

A Brief History of Royal Jubilee Hospital, Victoria, B.C.

ON a certain morning in the late Summer of 1858, the minister of Christ Church, Victoria, who lived on Humboldt Street, just below his "church on the hill," found inside the parsonage gate a sick man lying on a mattress. With characteristic Good Samaritan spirit, Rev. Edward Cridge and his wife took in this derelict left by the wayside and cared for him. After this manner was admitted to this home hospital an unnamed man, brought clandestinely by an unofficial ambulance, who thus became the pioneer patient of the Royal Provincial Jubilee Hospital which is now celebrating the seventy-fifth anniversary of its founding.

He was not the only one in need. The flood of population that had swept into the town at this time had left its flotsam and jetsam of sick and destitute. Aroused by this incident, the public and the authorities bestirred themselves, with the result that in September Governor Douglas entrusted to Mr. Cridge the "service of attending to the destitute and sick."

Benevolent people lent a hand. Mrs. Thomas Blinkhorn, whose husband had died in 1856, and who owned a two-storey frame store building on the south-east corner of Yates and Broad Streets, loaned it free of rent for use as a hospital. This generous-souled lady, who died in this city in August, 1884, at the age of eighty-one years, "beloved by all who knew her," also furnished a supply of beds and clothing.

This was the origin of the Royal Victoria Hospital. It was opened on November 30, 1858. The report that was given of the first five months of operation placed Dr. Trimble as hospital head. The provisional committee consisted of A. J. Dallas, a director of the Hudson's Bay Company; A. F. Pemberton, a magistrate and commissioner of police, and Rev. Edward Cridge, district minister of Victoria.

From this small beginning, which is so typical of many of Canada's leading hospitals, rose the present Provincial Royal Jubilee Hospital, with its \$1,000,000 investment in grounds, building and equipment; its annual expenditure of \$265,000; its 330 beds; its annual roll of patients running up to 4,200, and its host of comely and well-trained nurses to look after them.

The pioneers of 1858 and following years had, however, a man's job on their hands. The Government had promised support for one month, but after that for a while the burden of more than \$500 a month fell upon the relatively few residents. The transients were naturally not interested. Nearly every steamer from up the Fraser brought down sick men from the gold mines, and as there was no hospital in New Westminster, these were loaded onto the Victoria public. It was not until November 20, 1861, that a hospital was established at New Westminster under the Society of Catholic Missionaries.

So dire was the need that "some patients were friend-

"That the hospital may preserve its character of never closing its doors against those who truly need its help" has been a Royal Jubilee tradition for almost three quarters of a century. From a typically small beginning it has well kept pace with Pacific coast development.

less and penniless; their clothes had to be cast away, not being fit even for an Indian." Yet the hospital kept open house. In one appeal Mr. Cridge pleads that it "may still preserve its character of never closing its doors against those who truly need its help." Here speaks out what a recent chairman of the present board of directors characterized as the "Jubilee tradition." To its glorious credit these pioneers were able to say that they "had been the means of saving many lives which would otherwise have perished through want or exposure."

Unfortunately the Broad Street building, as the grand jury reported in January, 1859, was "poorly adapted for its purpose." It appears that its walls were so thin that Indians broke through and stole victuals set aside for the sick. As the necessity for more and better accommodation became urgent, the provisional committee was enlarged and set to work to secure a suitable site for a building.

Finally, after much difficulty and discussion—to quote from Pioneer Days, published in 1924 by Mrs. R. S. Day, of Victoria, the committee took possession of a piece of land on the Songhees Indian Reserve, across the harbor, and erected a wooden building on the site of what was later the Marine Hospital. The Government, be it noted, though not consulted, offered no objection. Here hospital services were given for ten years, from 1859 to 1869.

Now comes a great chapter in Victoria's hospital history. Enter the women. And with the women, first a female ward on the Indian reserve; later the Female Infirmary at the head of Pandora Avenue; later \$100,000 for the east wing of Jubilee, and a thousand other gifts that have relieved the burdens at once of the sick and of the men directors—the women, who through half a dozen groups, are now giving a notable ministry of mercy in connection with Jubilee Hospital.

The Female Aids Association was formed on April 24, 1863, at the personage, under the patronage of Mrs. (Lady) Douglas, with Mrs. Harris, the mayoress, as president, and Rev. Edward Cridge acting as secretary. The object was "to provide hospital care for females in need

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East wing of Royal Jubilee Hospital, Victoria, B.C., on right. In background on left is shown part of the older buildings.

and sickness." The managers of the Royal Hospital made a grant of £150, and the ward was built.

The female ward turned out to be a poor makeshift. There were no cars, no motors, no paved roads, no sidewalks. The ferry was dirty and the Indian village was full of half-naked, drunken and sometimes dangerous savages. So these spirited and humanitarian women of Victoria rose up and built a separate health centre for themselves. It was called the Female Infirmary, a commodious frame building of one storey, located on Spring Ridge, at the top of Pandora Avenue, and described as "of a very superior character," and also as "a handsome building on a noble site."

This sketchy tale has brought the development of hospital service in Victoria to the end of the eighties of last century. At this time a great advance was pending. But previous to an account of this forward step the story of the French Hospital must be told.

Back in the early part of 1860, Victoria followed San Francisco in the organization of the French Benevolent and Mutual Society, similar to one which had rendered immense service to the sick and distressed of California. By March 24, 1860, it had "rented Mr. Waddington's house over the ravine and was about to fit it up as a hospital with beds for twenty patients."

The new venture differed from the Royal Hospital, which had been launched but eighteen months before, in that the members of the society paid \$1 per month for hospital privileges. It was a mutual enterprise. Though

started mainly by French people, membership was open to "any Frenchmen or foreigners." Dr. Powell was hospital physician in 1867 and the president was J. B. Timmerman, the familiar name of mine host S. Driard appearing on the committee.

For the next two decades or more the French Hospital, on Collinson Street, was one of the institutions of the growing city. Its membership became cosmopolitan, many miners joining it so that they might be assured of hospital privileges.

The stage is now set for the big forward step. Royal Hospital and Female Infirmary had merged in 1869 and under the name of the former had been doing fine work. The French Hospital was the next to pool its interests, which had been playing its part for thirty years and was ready to combine with the new and larger institution about to be formed.

This came about in 1890, when there was built, out in the country, beyond the end of the tramway, on a spacious area of twenty-four acres, a \$50,000 up-to-date hostel for the sick, so modern that its proud promoters claimed that they were "able to offer facilities unequalled on the Coast."

The intervening forty-three years have been marked by continuous expansion, increased accommodation, addition of modern equipment, enlargement of activities, widened co-operation between province, municipalities and hospital, and, not to be forgotten, a magnificent record of four decades of efficient volunteer effort by leading citizens.

(Continued on page 17)

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✓ Half a Million Meals Require Big Quantities of Staples

Considerably more than half a million meals were served by the dietary department of the Saint John, N.B., General Hospital during 1933, and so large was the quantity of bread consumed that the loaves placed end to end would extend more than seven miles.

The department's annual report contains some interesting grand totals. The exact number of meals served was 509,865, and that number was some 49,196 more than had been served in the previous year.

To spread on seven miles of bread quite a quantity of butter would be required, it might be expected, and actually about seven and a half tons of butter were used, the precise amount being 14,944 pounds. There must be omelets on the hospital menu, for some 12,207 dozen eggs were broken and consumed.

The weightiest item on the list was meat, since 25¼ tons were consumed. Under the heading "meat" there were not included the 5,149 pounds of bacon, the ton and a half of chicken, and 2,417 pounds of fowl. Of fish almost seven tons were used, including both fresh and canned varieties.

Dairy products might be expected to figure largely in the menus for the sick and they have been disposed of in mighty quantities. Five different varieties of milk were used. It would take a pretty large tank to contain the 18,448 gallons of "bulk milk," but that was not all of the milk required. There were 754 quarts of bottled milk, 237 quarts of skim milk, 58 quarts of certified milk and 182 quarts of buttermilk consumed. But the many good qualities of cream were not overlooked either and a very substantial amount of that dairy product was also disposed of. The precise amounts were of 10 per cent cream, 8,937 quarts, of 20 per cent 3,037 quarts, and of 28 per cent 1,947 quarts.

It took more than 11 tons of sugar to make things sweet enough for the hospital population.

The expense item is another one of importance, and a grand total of \$43,246.54 for cost of raw foods is apportioned among many different commodities. Milk and cream cost \$8,661.75 and when considered together are the most expensive commodities on the hospital menu. Meat costs were \$5,456.72, exclusive of the bacon and poultry.—*Saint John Telegraph-Journal*.

Ovaltine Dental Clinic Provides Health Service

Unique inasmuch as it is one of the first dental clinics to be established in a manufacturing plant in Canada, and probably the only venture of its kind in Ontario, A. Wander Limited, manufacturers of Ovaltine, announce a new service for safeguarding the health of their employees.

Under the able direction of Dr. J. E. Middleton, the clinic was started in January, and will be conducted by him in collaboration with Peterborough Dental Society.

The large well-lighted rest room in the Ovaltine plant lends itself admirably for a dental operating room. Here a survey will be made of the mouths of all employees during the working hours of the plant. Constructive dental work that may be required by any of the employees will

be charted on a card and a time limit set for the work to be finished. When the work is completed by the dentist of the employees' choice, the chart will be signed by the dentist and returned to the plant office for reference.

"As this is the first industrial clinic to be started in the Province of Ontario," Dr. Middleton stated, "Dr. F. C. Conboy, director of dental services for the Province is very much interested in the results, and is anxious to use it in connection with the research branch of Toronto University."

Dr. Middleton paid tribute to the progressiveness of the A. Wander, Limited, whose plant, he believed, added so much to the city in the way of beautiful buildings and neat surroundings, and who were now taking the lead in providing health service to its employees.

Charles Shaw, general manager for the A. Wander Limited, in Canada, in his studies of the science of the foods that go to make up Ovaltine, came in contact with some of the factors that prevent the proper development of body health, chief among which was an unhealthy mouth. The advantages of a dental clinic commended themselves to him, and when literature and demonstrations of what had been accomplished by other clinics of this kind were presented to him by Dr. Middleton, there was evidence enough to convince him of the desirability of making a start.

"The Wander Company, which is a world-wide organization," Mr. Shaw said, "was founded by a humanitarian and in all the plants the welfare of the employees is one of prime importance." There was, he said, a wonderful dental clinic for employees in the plant in England.

Annual Report of Mental Institutions

The Dominion Bureau of Statistics has just issued the First Annual Report of Mental Institutions for the year 1932. This is a sequel to the "Census of Canada" which appeared last year and was based on 1931 data. This new report is based upon 1932 data and reveals some very interesting information. On December 31, 1932, there were 35,279 patients registered in 58 mental institutions as compared to 32,059 the previous year. This increase in mental patients must not be taken as an indication that mental illness is on the increase in Canada but rather that greater and better facilities provided for the care of mentally diseased have increased the population in mental hospitals.

The provinces of Saskatchewan and Alberta show the largest increases, due probably to the increased accommodation afforded by these provinces for the care and treatment of mental cases.

We are informed that copies of this report may be obtained by writing to the Dominion Bureau of Statistics, Ottawa. We also understand that the latest revision of the General Directory of Hospitals in Canada (other than mental institutions) will be available in the near future.

Dr. F. L. Patry, Noted Psychiatrist, Addressed Toronto Meeting

Delegates from many states of the United States and all of the provinces of Canada were present at the 12th annual meeting of the International Council for Exceptional Children, which convened in the Venetian

Room of the Royal York Hotel, Toronto, on February 22nd.

"What is Mental Hygiene? How May We Promote It?" was the subject of an address by Dr. Frederick L. Patry, psychiatrist of the University of the State of New York, state department of education, Albany, New York, who was accorded an unusually cordial welcome. Dr. Patry is a native of Toronto and a product of the public schools, Riverdale Collegiate, the Normal School and the university of this city. Following his graduation as a physician in 1925 he became diplomate of the National Board of Medical Examiners, was an intern at the Ontario Hospital, Whitby, the Sanatorium, Hamilton, the Montreal General and Utica State Hospital, in the latter he became assistant to the superintendent. In 1931 he was appointed neuropsychiatrist in state education department of the University of New York and associate at Albany Medical College. His many books on mental health are recognized by authorities in every land.

Mack Training School to Celebrate Diamond Jubilee

The Mack Training School, the first school of nursing in Canada, will be sixty years old in June. This school, which is associated with the General Hospital, in St. Catharines, Ontario, is planning a celebration of this important occasion. Efforts are being made to gather historical data and it will be much appreciated if anyone having any information bearing on the early days will communicate with Miss Helen Brown at the General Hospital, St. Catharines.

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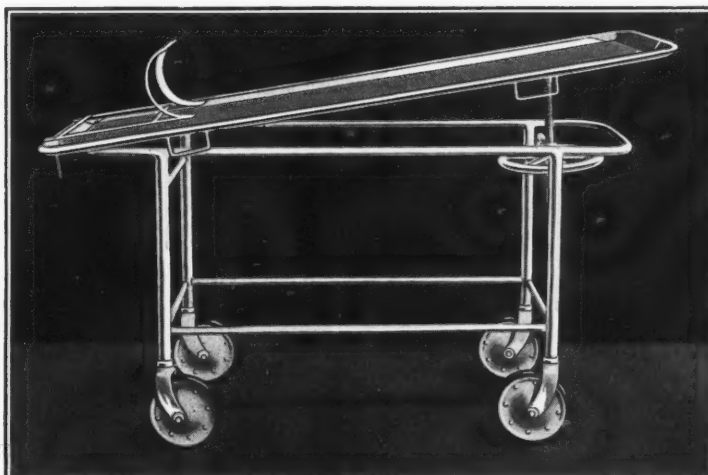
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Hospital Aid News

*A lady with a lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood.*

—Longfellow.

BRANTFORD.—The Senior Hospital Aid has had a busy and successful year under the leadership of Mrs. S. H. J. Reid. One of the outstanding efforts of the year was the complete furnishing of the spacious living room of the Nurses' Day Residence, at a cost of fifteen hundred dollars, and the replacement of the old elevator with fully modern electric equipment, at a cost of five thousand dollars. A loan of two hundred dollars (without interest) was granted to the nurse receiving the highest standing in her graduating year, to enable her to take the administration and teachers' course at Toronto University.

* * *

CHATHAM.—The Daily News, of this city, recently commented editorially on the splendid work accomplished by the Ladies' Assisting Society of the Public General Hospital. "Were it not for the women of the Assisting Society," it said, "there would be no Public General Hospital in this city."

* * *

FERGUS.—The Hospital Aid during the past year assisted in financing new sterilizing equipment, and are now planning to acquire new equipment for the labour room and nursery. Over six hundred dollars was realized from teas and other functions. A fruit and jam shower proved highly satisfactory.

* * *

GALT.—A successful venture was the placing of baskets in the various stores before Christmas, to receive Christmas cheer for the hospital. A dance recital in connection with the dancing school proved entertaining and remunerative.

* * *

GUELPH.—The Hospital Aid has purchased a supply of new blinds for the hospital, and also a large blind for the operating room, as well as blankets, bedside rugs, curtains, mattresses, and fully equipped dressing carriages.

* * *

LONDON.—Victoria Hospital Aid, under the capable leadership of Mrs. A. A. Affleck, re-decorated and re-furnished three private rooms during the year. The Hospital Aid tea shoppe in the hospital is a successful enterprise, and proves a boon to many.

At the close of the year's business the executive waited on Mrs. Affleck and presented her with a beautiful Sheffield tray.

Three charter members of the Victoria Hospital Aid were honoured recently by the gift of life memberships in their Aid—those honoured being Mrs. J. Rose, Mrs. C. R. Somerville, Mrs. T. C. Benson.

MOUNT FOREST.—The Aid recently furnished the Louise Marshall Hospital with the following articles: Operating towels, bedside lamps, wheel chair and Electro-lux cleaner.

* * *

NIAGARA FALLS.—Splendid progress is reported from this enterprising Aid. Nine committees and eleven sewing groups carry on the work. 1,055 articles were made up by the sewing group. The Aid furnished all the rugs, curtains, drapes, blankets and dresser scarves for the new Nurses' Residence, at a cost of nearly six hundred dollars. A membership drive, bridge, rose day, were successful ventures.

* * *

PETROLIA.—The following officers were elected at the annual meeting of the Hospital Aid of Petrolia: President, Mrs. R. G. R. MacKenzie; 1st Vice-Pres., Mrs. W. J. Koehler; 2nd Vice-Pres., Mrs. J. Pitman; Secretary, Mrs. Carrie McDonald; Treasurer, Mrs. H. F. McDougall; Honorary President, Mrs. Duncan Coulson, Toronto. (Mrs. Coulson is a sister of the late Major Moncrief, and a niece of the founder of the Charlotte Englehart Hospital, Petrolia.)

* * *

ST. CATHARINES.—The local Aid lost two of its valued members recently in the person of Mrs. Jabez Newman, Ontario St., and Mrs. Ephraim Wismer, Park Place. We extend profound sympathy to the bereaved families.

* * *

SEAFORTH.—The Hospital Aid held their annual meeting recently, when Mrs. Holmes was re-elected president. The purchase of a Scialytic lamp for the operating room was one of the responsibilities of the Aid.

A successful down-town afternoon tea was held recently, and the Aid are sponsoring an operetta, to be held in the near future.

* * *

SMITHS FALLS.—A successful community bridge was held recently under the auspices of the Aid.

* * *

STRATFORD.—We are glad to report the continued progress of Mrs. A. C. McLeod, President of the Stratford Hospital Aid. Mrs. McLeod has been ill in the Stratford Hospital for several weeks.

* * *

TORONTO.—Mrs. George Glionna, immediate Past President of St. Michael's Hospital Aid of Toronto, has been very ill in St. Michael's Hospital. Mrs. Glionna is also a valued member of the Advisory Committee of the Provincial Association.

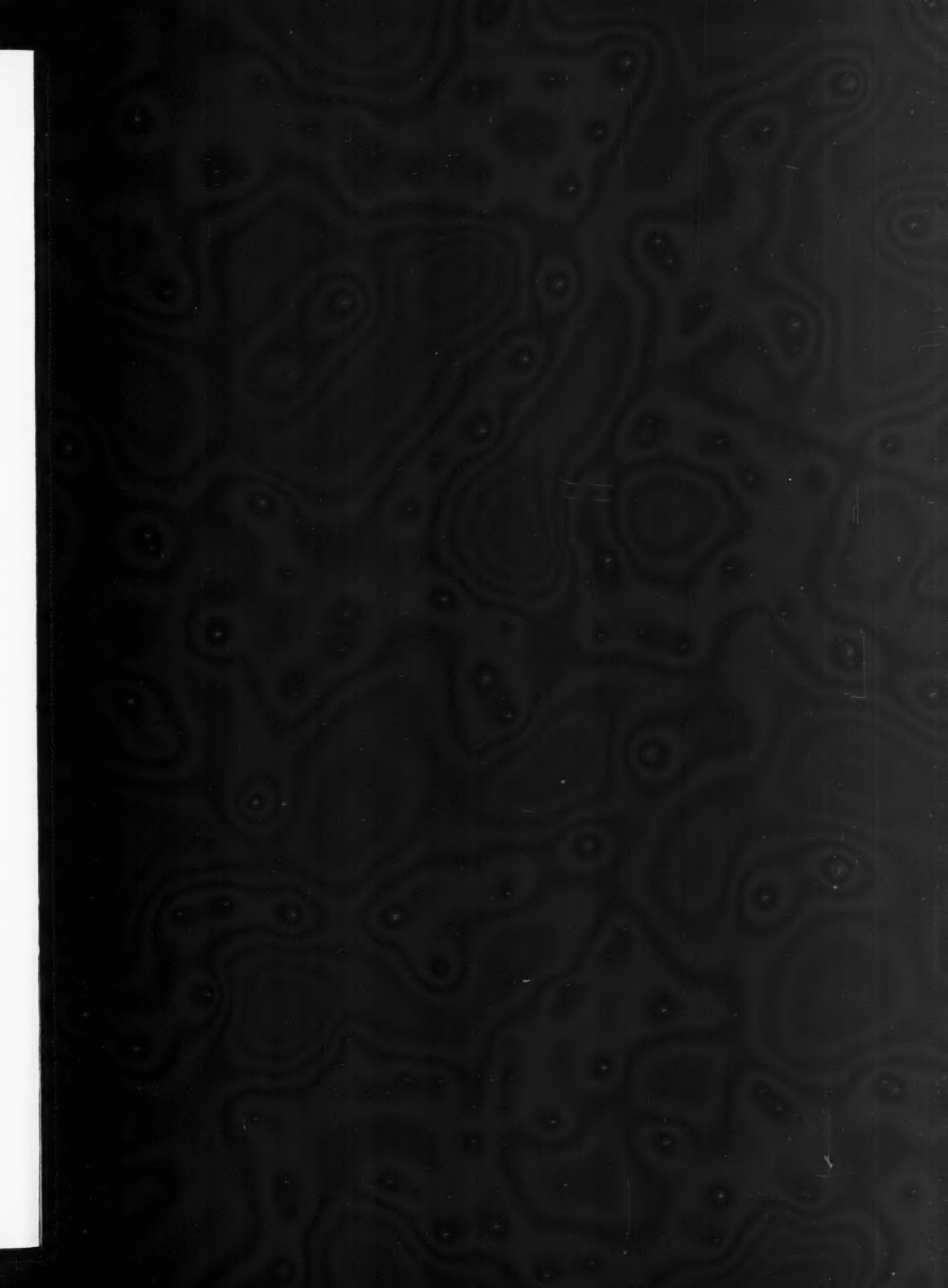
* * *

Copies of instructions re pageant tea, "From Infancy to Old Age," may be had from the Provincial President. The Smiths Falls Aid Secretary has kindly supplied the information.

* * *

Our grand business is, not to see what lies dimly at a distance, but to do what lies clearly at hand.

—Thomas Carlyle.



S U T U R E S I N A N C I E N T S U R G E R Y



ETIENNE GOURMELEN is perhaps best remembered for his heroic work during the Paris plague of 1581. However, Laennec places him "in the first rank of physicians who contributed most toward creating French surgery". In his book of surgery, Gourmelen lists the various types of suture and mentions that modern surgeons prefer scarlet silk to linen thread. He advises that only the large intestine may be sutured, as wounds of the small intestine are invariably fatal.

D&G Sutures

"THEY ARE HEAT STERILIZED"

DAVIS & GECK INC.

Kalmerid Catgut

EMBODIES all the essentials of the perfect suture. Being impregnated with the double iodine compound, potassium-mercuric-iodide, it exerts a bactericidal action in the suture tract and supersedes the older unstable iodized catgut. Prepared in two varieties—Non-Boilable for those desiring the maximum of suture flexibility, and Boilable for those preferring to sterilize the exterior of tubes by boiling or autoclaving. Both varieties are heat sterilized.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	DOZEN
1405..PLAIN CATGUT.....	approx. 5'	
1425..10-DAY CHROMIC.....	" 5'	
1445..20-DAY CHROMIC.....	" 5'	
1485..40-DAY CHROMIC.....	" 5'	

BOILABLE VARIETY

1205..PLAIN CATGUT.....	approx. 5'
1225..10-DAY CHROMIC.....	" 5'
1245..20-DAY CHROMIC.....	" 5'
1285..40-DAY CHROMIC.....	" 5'

Sizes: 000 . . 00 . . 0 . . 1 . . 2 . . 3 . . 4
also 4-0 in non-boilable variety

Package of 12 tubes of a kind \$3.60

Kal-dermic Skin Sutures

ANON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.

NO.	SUTURE LENGTH	DOZEN
550..WITHOUT NEEDLE.....	120"	\$3.60
954..WITH 1/2-CURVED NEEDLE.....	20"	3.00

Sizes: 000 00 0
(FINE) (MEDIUM) (COARSE)

852..WITHOUT NEEDLE.....	40"	1.80
--------------------------	-----	------

Sizes: 8-0 . . 6-0 . . 4-0 . . 000 . . 00 . . 0

In packages of 12 tubes of a kind and size

Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

NO.	SUTURE LENGTH	DOZEN
555..WITHOUT NEEDLE.....	60"	\$3.60
855..WITHOUT NEEDLE.....	20"	1.80

Sizes: 1 2 3
(FINE) (MEDIUM) (COARSE)

In packages of 12 tubes of a kind and size

Intestinal Sutures

KALMERID plain or chromic catgut with Atraumatic needles integrally affixed. For gastro-intestinal work and membranes where minimized trauma is desired.

EXCEPTIONAL STRENGTH HERE

NON-BOILABLE VARIETY

Plain Catgut:

NO.	SUTURE LENGTH	DOZEN
1501..STRAIGHT NEEDLE.....	28"	\$3.60
1503..3/8-CIRCLE NEEDLE.....	28"	4.20
1504..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1505..1/2-CIRCLE NEEDLE.....	28"	4.20

20-Day Chromic:

1541..STRAIGHT NEEDLE.....	28"	\$3.60
1542..TWO STRAIGHT NEEDLES... 36"		4.20
1543..3/8-CIRCLE NEEDLE.....	28"	4.20
1544..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1545..1/2-CIRCLE NEEDLE.....	28"	4.20

BOILABLE VARIETY

Plain Catgut:

1301..STRAIGHT NEEDLE.....	28"	\$3.60
1303..3/8-CIRCLE NEEDLE.....	28"	4.20
1304..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1305..1/2-CIRCLE NEEDLE.....	28"	4.20

20-Day Chromic:

1341..STRAIGHT NEEDLE.....	28"	\$3.60
1342..TWO STRAIGHT NEEDLES... 36"		4.20
1343..3/8-CIRCLE NEEDLE.....	28"	4.20
1344..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1345..1/2-CIRCLE NEEDLE.....	28"	4.20

Sizes: 00 . . 0 . . 1, except *00 . . 0 only

In packages of 12 tubes of a kind and size

Circumcision Sutures

KALMERID plain catgut threaded on a small, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
630..WITH EYED NEEDLE.....	28"	00, 0
635..WITH ATTRAUMATIC NEEDLE.. 28"		00, 0

BOILABLE VARIETY

600..WITH EYED NEEDLE.....	28"	00, 0
605..WITH ATTRAUMATIC NEEDLE.. 28"		00, 0

Package of 4 tubes \$1.20; per doz. \$3.60

DISCOUNTS ON QUANTITIES

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N. Y.

D & G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Obstetrical Sutures

KALMERID 40-day catgut threaded on a large, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
680..WITH EYED NEEDLE.....	28"	2, 3
685..WITH ATTRAUMATIC NEEDLE..	28"	2, 3

BOILABLE VARIETY

650..WITH EYED NEEDLE.....	28"	2, 3
655..WITH ATTRAUMATIC NEEDLE..	28"	2, 3
Package of 3 tubes \$1.20; per doz. \$4.20		

Special Purpose Sutures

WITH Atraumatic needles integrally affixed. Selection of needles and material based on consensus of professional opinion. Suture length 18 inches. Boilable.

Plastic Sutures:

NO.	MATERIAL	SIZE	NEEDLE SHAPE	LENGTH
1651..	KAL-DERMIC.....	6-0...	3/8-CIRCLE	5/8"
1655..	KAL-DERMIC.....	4-0...	1/2-CURVED	7/8"
1658..	BLACK SILK.....	4-0...	1/2-CURVED	7/8"

Eye Sutures:

1661..	BLACK SILK.....	6-0...	1/2-CIRCLE	3/4"
1665..	BLACK SILK.....	4-0...	3/8-CIRCLE	5/8"
1666..	PLAIN CATGUT...	3-0...	3/8-CIRCLE*	1/2"
1667..	PLAIN CATGUT...	3-0...	3/8-CIRCLE	1/2"
1668..	10-DAY CATGUT...	3-0...	3/8-CIRCLE*	5/8"
1669..	10-DAY CATGUT...	3-0...	3/8-CIRCLE	5/8"

* Double armed, suture length 12 inches

Nerve Sutures:

1670..	BLACK SILK.....	6-0...	STRAIGHT	3/8"
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Artery Sutures:

1675..	BLACK SILK.....	6-0...	STRAIGHT	3/4"
1678..	BLACK SILK.....	6-0...	1/2-CIRCLE	3/4"

Package of 12 tubes of a kind. . . . \$4.20

Tonsil Sutures

KALMERID plain catgut with a 1 1/4 inch half-circle Atraumatic needle of correct diameter affixed. Suture length 28 inches.

NO.	SIZE
1605..BOILABLE VARIETY.....	0
1615..NON-BOILABLE VARIETY.....	0

Package of 12 tubes. . . . \$4.20

DISCOUNTS ON QUANTITIES

Ribbon Gut

AN absorbable ribbon of animal intestinal tissue for nephrotomy wound closure by the Lowsley-Bishop technic. Ribbon length, 18 inches. Boilable.

NO.	WIDTH
20..PLAIN.....	5/8"
Package of 12 tubes. . . . \$3.60	

Short Sutures for Minor Surgery

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
702..PLAIN KALMERID CATGUT..	20"	00 TO 3
722..20-DAY KALMERID "	20"	00 TO 3
742..40-DAY KALMERID "	20"	00 TO 3

BOILABLE VARIETY

802..PLAIN KALMERID CATGUT..	20"	00 TO 3
812..10-DAY KALMERID "	20"	00 TO 3
822..20-DAY KALMERID "	20"	00 TO 3
842..40-DAY KALMERID "	20"	00 TO 3
862..HORSEHAIR.....	56"	00
872..WHITE SILKWORM GUT..	28"	0
882..WHITE TWISTED SILK.....	20"	000, 0, 2
892..UMBILICAL TAPE.....	24"	1/8" WIDE
Package of 12 tubes of a kind. . . . \$1.80		

Emergency Sutures

THREADED on half-curved eyed needles with cutting edges for skin, muscle, or tendon. Boilable.

NO.	SUTURE LENGTH	SIZES
904..PLAIN KALMERID CATGUT..	20"	00 TO 3
914..10-DAY KALMERID "	20"	00 TO 3
924..20-DAY KALMERID "	20"	00 TO 3
964..HORSEHAIR.....	56"	00
974..WHITE SILKWORM GUT..	28"	0
984..WHITE TWISTED SILK.....	20"	000, 0, 2

In packages of 12 tubes of a kind

Emergency Suture Assortment:

900..ASSORTED—CATGUT, SILK, AND KAL-DERMIC SKIN SUTURES, ON HALF-CURVED NEEDLES

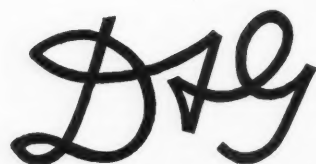
Package of 12 tubes. . . . \$3.00

Other D & G Products

INFORMATION and prices covering silk, kangaroo tendons, horsehair, celluloid-linen, umbilical tape in jars, and Kalmerid germicidal tablets will be sent upon request.

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SURGICAL MOTION PICTURES

A new and enlarged edition of the catalog of D&G Surgical Motion Pictures is now ready—it contains a description of the following films which are available for bookings, without charge, to medical schools, hospitals, and professional organizations. Requests for the catalog or for bookings should be addressed to DAVIS & GECK, INC., 217 Duffield St., Brooklyn.



(Additions to this list will be announced from time to time)

Relation of Absorbable Sutures to Wound Healing.
Chiloplasty on An Infant of Six Weeks.
Appendectomy for Acute, Gangrenous Appendicitis—McBurney-Weir Incision.
Hernioplasty for Left Indirect Inguinal Hernia.
Hernioplasty for a Strangulated Ventral Hernia in a Woman Weighing 450 Pounds.
Orchidopexy, Hernioplasty, and Varicocelectomy
Abdominal Esophagostomy for Atresia of Esophagus in An Infant of Six Weeks.
Gastrostomy for Carcinoma of Esophagus.
Lumbar Sympathectomy for Congenital Dilatation of the Colon.
Surgical Treatment of Peptic Ulcers.

Surgical Anatomy of the Genito Urinary Tract.
Nephrotomy Wound Closure by the Ribbon Gut Method.
Perineal Prostatectomy for Benign Hypertrophy.
Perineal Prostatectomy under Regional Anesthesia.
Transurethral Prostatic Resection.
Salpingo-Oophorectomy with Appendectomy.
Montgomery-Simpson Suspension of Uterus.
Low Forceps Delivery with Pelvic Demonstrations
Posterior Colporrhaphy.
Nasal Plastic for Hump and Hook Nose.
Excision of Palmar Fascia for Dupuytren's Contracture.
Traumatic Surgery of the Extremities.

A Brief History of Royal Jubilee Hospital

(Continued from page 8)

Shortly after the beginning of the new century came the Strathcona Ward, built at a cost of \$10,000.

A nurses' home was opened January 5, 1909, and in this year the beautiful chapel was dedicated as a memorial of her husband from Mrs. J. D. Pemberton.

During this and the following years the need of more accommodation became increasingly urgent. The number of beds had grown from fifty to ninety-two during less than the quarter century, but the number of patients per year had increased from 331 in 1890-91 to 1,636 in 1912-13, or more than five times as many. The wards were distressingly overcrowded. A review in 1914 showed that since incorporation in 1890, 19,870 patients had been admitted.

Then began another enthusiastic movement, first on the part of the Women's Auxiliary, which raised the splendid sum of \$110,000, to which the city added \$225,000 and the Provincial Government \$150,000, a total, with other gifts, of \$450,000. The war spoiled the projected plan of a maternity building, but a maternity ward of fifteen beds was opened in 1915 on the ground floor of the children's ward.

Tubercular patients were provided for in 1917 in a new building; in 1919 the nurses' home was enlarged and in the same year a radiographic department was fully equipped under Dr. Poyntz. A diet kitchen followed and later a laboratory, which is also the provincial and municipal laboratory.

At last came the new east wing, opened without debt, in March, 1925, by Hon. John Oliver, at a cost of \$580,000, towards which was a handsome bequest by J. B. Greaves. In February, 1930, the nurses entered their comfortable quarters, the entire expense being met by grants from province, city, the estates of David Doig and W. T. Hardaker, and other gifts. The T.B. pavilion was given accommodation for forty patients, with a new women's section and a reconstructed section for men.

During the last few years the Strathcona, McBride and men's medical wards have been completely reconditioned and heated with steam, and the laundry is now fully equipped and handles a yearly output of three-quarter million pieces. The former men's surgical ward and adjacent rooms have been fitted up for children's departments.

The outstanding incident of 1931 was the survey of the hospital carried out by Dr. A. K. Haywood, of Vancouver, the consulting hospital adviser to the Provincial Government, his inspection being made at the request of the Victoria City Council. In his exhaustive report his opinion is expressed as follows: "I arrived at the conclusion that the business administration of the hospital was in capable hands. . . The citizens of Victoria were receiving full value for the money expended."

Appendectomy Film Upsets Paris Women

A press reporter states that in Paris, France, 280 women fainted during a two-weeks' showing of a news reel picture depicting in realistic scientific detail an operation for appendicitis at Lariboisiere, leading Paris hospital.

Please refer to *THE CANADIAN HOSPITAL* when writing

Sterling Surgeons Globes

"CANADIAN MADE — UNSURPASSED"



Sterling Chocolate Colored or Nurses Gloves

for post mortem work, will give entire
satisfaction.

Specialists in Surgeons' Gloves for 18 Years

Sterling Rubber Company LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

DIACK

WHEN you see or hear the word
"Diack" you know that it means
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When you operate your sterilizer, you want more than evidence that the door has been closed for thirty minutes. You want to know that the steam at a temperature of 248 deg. has penetrated to the centre of the bundle. The time-tried Diack Control is the one conclusive proof of this definite penetration.

The "ink" method or the "iodine" method are not 248 deg. answers by 30 deg., or more. Hence a 248 degree answer at the centre of a bundle demands a Diack Control, the only device that will tell you. Your neighbors on every side use them!

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A. W. DIACK

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THE Canadian Hospital

Published in the interests of Hospital Executives

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OF EVERY MONTH BY

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Vol. 11 MARCH, 1934 No. 3

"Act Your Age!" Says Dr. Robb

ON glancing through the newspapers one is impressed by the appalling number of sudden deaths among men under fifty years of age, due to coronary thrombosis and other acute cardiac conditions. The loss to the country from the cutting off of so many leaders in their prime is beyond calculation.

Medical authorities inform us that many of these deaths would seem to be caused by the great strain and nerve tension of modern life, particularly among business executives; the recent increase may be associated with the increased strain of business responsibility during the last few years. It has been noteworthy also that many of these sudden fatalities seem to be the result of strenuous exercise, such as badminton, squash and even golf. In this connection the Hon. Doctor J. M. Robb, Minister of Health for the Province of Ontario, in a recent interview, issued a "solemn note of warning" to all young-old men and women of fifty and upwards to "act their age."

"Above all," said Doctor Robb, "they should see that they have regular hours of rest and that they submit themselves to periodical medical examinations which, after all, is not only their best safeguard, but an essential duty they owe to themselves, their families and their dependents."

Doctor Robb commented on the people who feel so fit that they try to do with impunity the things they used to do in the heyday of their youth and said, "It can't be done — and an early acceptance of this axiom will undoubtedly save many homes from premature bereavement. Neither heart nor arteries can continue to carry the heavy overloads we ask of them nor meet the sudden stresses we so thoughtlessly subject them to." It is most fitting

that our public health leaders should emphasize this important phase of preventive medicine.



Emphasize the Value of Hospital Service on Hospital Day

HOSPITAL Day has proven a most effective means of focussing public attention on the work of our hospitals. The idea of having one day set apart during which the hospital maintains "open house" for the benefit of interested citizens is exceedingly sound and the resultant publicity has proven of real value both to the public and to the hospital.

Hospital Day provides a good opportunity to give every citizen in your community the interesting truth about your hospital. This is the time to tell the people of your locality not only the actual facts about hospital costs and charges but, what is more important, the *value of hospital service to the community*. This year more than ever, is the need of Hospital Day apparent. Decreased revenues and in some provinces, lower grants, make it advisable to impress upon the citizens of your community the urgent necessity of standing behind your institution.

It has been difficult to get uniform observance across Canada for, unfortunately, Florence Nightingale's birthday, May the 12th, the day set aside for "National Hospital Day" seems to be too early for outside gatherings in some parts of Canada. However, those communities which are prevented from celebrating at this early date due to climatic conditions, could choose a later date in June or July, or even in the autumn. Some have chosen June 19th, a date which has a peculiar significance to Canadian hospitals for the reason it is Jeanne Mance Day and honours one of the outstanding foundresses of hospitals in Canada.

If you are holding Hospital Day in May or in June it is not too early to formulate your plans at once. Experience has proven that the more groups you can interest in your programme the more successful it will prove.

Types of Programme

First of all arrange a definite programme. If you decide on an "open house" for the public one might arrange well organized "conducted tours" by intelligent guides through the hospital. The public is interested in seeing what goes on beyond the corridors and the wards, and these tours should include the nursery, the kitchens, the laboratories and other departments and should send the visitors home with a more sympathetic appreciation of what hospital people are doing.

Why not show visitors a typical operating room of 20 years ago in which the patient was operated on for appendicitis and stayed for perhaps a month (if all went well), at a room cost of around \$75.00. And in contrast show an up-to-date room arranged for the same type of operation, necessitating a stay of but 12 days (on the average) at a room cost of fifty or sixty dollars, and in addition providing the patient with 100% better chances for recovery.

A somewhat similar scheme could be worked out for obstetrical patients.

A display of photos or drawings showing early incidents

in the history of the hospital would make an interesting feature.

Some hospitals have found a "family reunion" of babies born in the hospital in previous years one of the most popular features of "Hospital Day." Invitations could be sent to the parents for the reunion and a small souvenir presented to each baby participating. A "baby show" limited to babies born in the hospital during the three previous years might be arranged.

If a tour of the nursery and maternity department be made, a demonstration of methods of identification of infants will be particularly valuable in allaying suspicion caused by sensational stories about baby "mixups."

If climatic conditions permit your hospital might sponsor an open-air public meeting terminating in a garden party. Nurses, interns, auxiliaries and doctors might select a committee to greet the visitors and serve the refreshments, after a general inspection of the various departments.

Trustees and women's auxiliaries are a powerful aid in obtaining publicity and public support and thus assure the success of your programme. Through their influence you may be able to obtain window displays in leading stores and publicity in the local newspapers and perhaps a screen announcement in the local movie theatres.

Printed matter is extremely helpful for Hospital Day publicity. Many who will visit hospitals on May 12th are totally unfamiliar with hospital routine and are confused by strange things they see and hear. A leaflet will help impress upon your visitors the facts which you wish them to remember.

For a successful "Hospital Day" we might also suggest having reporters and photographers present and supply them with interesting data of real news value.

Enlist Aid of Pulpit, Press and Radio

Use as many forms of publicity as possible. There are a surprising number of individuals who will be glad to co-operate in telling the public about your work and your programme. In planning your publicity do not forget the far-reaching effects of the word from the pulpit. Call on the ministers in your districts, supply them with facts and figures, and enlist their sympathy in arousing interest in your hospital.

In many instances newspapers can be interested to devote space to this worthy movement and advance write-ups of your hospital's plans with pictures will be given due publicity provided they have news value. Be sure that copies of this material be sent to all papers at the same time and for simultaneous release, for editors don't like to be discriminated against.

Frequently arrangements can be made to have a Hospital Day reference made by radio advertisers; local Service Clubs can often be induced to feature a speaker on hospital work at meetings prior to May 12th.

The observance of Hospital Day is a most desirable feature, for only when the public fully realizes the wonderful work being carried on by our hospitals will they have the full support which they deserve. So, whether you choose May the 12th or a later date, the main thing is to hold a Hospital Day!

Ether is Still the Safest Anesthetic



For further information about Squibb Ether send your request and professional card and we will gladly mail you any or all of these booklets: "Open Ether Anesthesia"; "Spinal Anesthesia"; "Ether-Oil Squibb." Address E. R. Squibb & Sons of Canada Ltd., 36 Caledonia Road, Toronto.

The safety of Squibb Ether has been demonstrated in millions of cases where it has carried the patient through the unconscious and post-operative periods with a minimum of danger.

Squibb Ether is the only ether packaged in a copper-lined container to prevent the formation of oxidation products. A special mechanical closure prevents contamination of the ether by solder or soldering flux and the cap is designed to permit a safety pin to be inserted to provide a handy dropper for administration of the ether by the Open Drop Method.

Squibb Ether is the purest, safest and most economical ether for surgical use.

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Please refer to THE CANADIAN HOSPITAL when writing

News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

CALGARY, ALTA.—Mrs. Mary Paulin, formerly matron of the General Hospital, died here in January at the age of 69 years.

* * *

CHATHAM, ONT.—At the annual meeting, held on January 27th, in London, Miss Mildred Walker of the staff of the Institute of Public Health, was elected president of District No. 1 of the Registered Nurses of Ontario, to succeed Miss Priscilla Campbell of the Public General Hospital of this city, who retires after two years in office. Miss Mildred Chambers, supervisor of the Victoria Order in London is the new secretary-treasurer and Miss Pearl Lumby of Sarnia is vice-president. Miss Dorothy Thomas of this city was named convener of Nurse Education, and Miss Jean Lundy, also of Chatham, appointed a councillor.

* * *

CLINTON, ONTARIO.—We are informed that plans have been prepared by L. Gordon Bridgman, London architect, for a new wing to Clinton General Hospital, and at the present time are being approved by the Department of Health, Toronto. A substantial addition is provided for, including new wards, sunrooms, elevators and alterations to the nurses' quarters.

* * *

CORNWALL, ONT.—Through the generosity of Mr. and Mrs. John Cline of Cornwall, the General Hospital now boasts a new entrance and solarium. This addition, which was erected at a cost of \$10,000, was formally opened on February 2nd. Hundreds visited the hospital and were delighted with the fine appearance of the addition and expressed their appreciation to the donors. Mr. Cline has been actively connected with the hospital for more than twenty years and is at present vice-president of the Board of Managers.

* * *

DUNCAN, B.C.—Miss M. J. McArthur, matron of the Duncan Hospital, tendered her resignation in January, to take effect on February 14th. It was accepted with regrets.

* * *

ESSONDALE, B.C.—The new wing of the Provincial Mental Home, which was completed about three years ago, will be put into use and about 150 patients accommodated there on April 1, Hon. A. Wells Gray, acting Premier of British Columbia, announced in January.

Most of the 150 men who will be put in the new wing will be returned soldiers, the wing originally having been built for veterans suffering from mental disorders.

The new wing is furnished and equipped ready for occupation. Overcrowding in the main institution has made

the opening of the new quarters necessary. Returned soldiers for many years have pressed for the new wing to be put into use claiming there is an urgent need for separate quarters for returned soldiers suffering from mental troubles.

* * *

HAMILTON, ONT.—According to the Hospital Board, economies have been effected which materially lessen the per capita costs at the General and Mount Hamilton hospitals. The per capita cost was shown to be \$3.02 for the General Hospital, a decrease of 32 cents, and \$2.08 for Mount Hamilton Hospital, an increase of 8 cents.

* * *

HANNA, ALTA.—Claiming "the largest surplus shown in any year since its inception," the annual statement and secretary's report for the Hanna Municipal Hospital District was presented on January 20th at the regular meeting of the board. The surplus for the year was \$13,254.50. There were no accounts remaining unpaid at the end of the year other than bank loans and debentures.

* * *

HIGH RIVER, ALTA.—Miss Norma Cox, R.N., of Calgary, has recently been selected from a list of applicants for the position of superintendent of High River Municipal Hospital. Miss Cox, who is a graduate of Calgary General Hospital, will succeed Miss Thelma Powell of High River, who has been superintendent for the past few years, and whose resignation was received with regret by the board and district.

* * *

KENTVILLE, N.S.—Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium, pointed out in an address to Kentville Rotarians that, while Nova Scotia has the second highest tuberculosis death rate of the various provinces, deaths from this disease have been cut in half since the establishment of the Provincial Sanatorium thirty years ago.

* * *

KITCHENER, ONT.—An operating profit of \$926 at the K-W Hospital for 1933 is shown in the statement for that year, according to Chairman Tailby. It is interesting to note that the commission did not need about \$2,500 of the 1933 grant voted earlier in the year to the commission by the council. The \$926 operating profit, he said, was in addition to the \$2,500 which the commission did not require the city to pay.

* * *

KIRKLAND LAKE, ONT.—Reports revealing the busiest year in the history of the District Red Cross Hospital were

presented at the annual meeting of the Kirkland District Hospital Board in January. Tentative plans for the enlargement of the hospital are under way. It was stated that the mine operators were willing to recommend to their directors a plan under the terms of which 50 per cent of the cost of enlarging the hospital, which is placed at \$20,000, would be put up by the mines, and 50 per cent by the municipality.

* * *

LANGLEY, B.C.—Since hospital costs are annually becoming such a problem to the municipality, a committee has been formed to report on the advisability of establishing a cottage hospital in Langley.

* * *

LONDON, ONT.—Orderlies at St. Joseph's Hospital are now dressed in neat white uniforms, similar to those worn by the interns. The only distinguishing mark between the two is that the orderly suits have a blue pin stripe.

* * *

LONDON, ONT.—Victoria Hospital Trust during a lengthy business session on February 9th, ordered the purchase of additional X-ray equipment at an expenditure of \$6,500. The outlay has been provided for in the estimates previously submitted to the City Council.

* * *

LONDON, ONTARIO.—The Bethesda Hospital has reopened its private patients' wing for the use of the general public. This wing was built and equipped in 1917 and was constantly used until the last two years, when due to prevailing economic conditions it was closed. This wing, which accommodates 21 patients, has all conveniences for handling maternity cases.

* * *

LONDON, ONT.—The cancer clinic to be established in Victoria Hospital pending completion of the new \$160,000 building, will be completed and in operation early in April, Ald. Dr. Holmes, chairman of the City Council committee in charge of these details, stated recently. The new equipment which is to be purchased immediately will be here soon, while the accommodation for the clinic needs little preparation.

* * *

LONDON, ONTARIO.—The formal opening of the new wing at Parkwood Hospital in London will take place about the middle of March. This new wing when completed, will accommodate some 30 additional patients, bringing the capacity of Parkwood up to 120 beds. Furnishing of two of the rooms has already been provided for by gifts, one donor undertaking to provide the upkeep of the room, even to flowers.

* * *

MONTREAL, QUE.—Four years' arrears of Church taxes amounting to \$1,023.54, accumulated on property on which stands the new Jewish hospital, will be paid to the Roman Catholic parish of St. Paschal Baylon by the Jewish Hospital Campaign Committee, Inc., according to an out-of-court settlement of the tax dispute. The property originally belonged to owners of the Catholic faith and was assessed with the Church tax. An action for the amount was taken in the Superior Court, and following pourparlers is now declared settled out of court.

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NORTH VANCOUVER, B.C. — Although government grants were cut and collections were lighter than in 1932, the board of management of the North Vancouver General Hospital, by drastic economy and decreasing obligations, showed an operating surplus of \$1,038 for the past year.

* * *

OAKVILLE, ONT.—Oakville now has one of the finest clinics in Ontario for a town its size.

It occupies a room in Central School, and was equipped through the aid of the service clubs in town. It has complete facilities for local operations and physical examinations.

A baby clinic is conducted every Thursday by the community nurse, Miss Mildred Jarvis, who advises the mothers on matters of diet and care; Dr. Holbrook, superintendent of the Mountain Sanatorium, Hamilton, conducts a chest clinic the third Monday of every second month, which is financed by the local chapter of the I.O.D.E., and the Rotary Club sponsors a tonsil clinic throughout the year for the benefit of needy children.

* * *

OWEN SOUND, ONT.—The January 27th issue of the Owen Sound Daily Sun-Times contained a 12-page supplement devoted to the Owen Sound General and Marine Hospital. The edition, which was illustrated with many attractive interior views of the institution, which were specially photographed for this publication, was presented with the object of giving the residents of Owen Sound and district a comprehensive idea of the splendid service which the hospital affords in time of sickness or accident.

The outstanding feature of the edition was that part devoted to the new X-ray equipment and the reorganized X-ray department, where unexcelled facilities are provided for this vital branch of modern diagnosis and treatment. The Superintendent of this splendidly equipped hospital is Miss Bert M. Hall, R.N.

* * *

PERTH, ONT.—New X-Ray apparatus was recently installed in the Great War Memorial Hospital at a cost of \$5,000. Miss Hattie Cameron, R.N., is in charge of this department.

* * *

PETAWAWA, ONT.—On February 16th, fire of unknown origin destroyed a two-storey wooden hospital at the Petawawa military camp, now being used by an unemployment relief project, and 20 patients had to be carried to safety. Despite a three-hour fight by 350 men of the camp they were unable to extinguish the blaze, but were able to save equipment and fittings of the hospital.

* * *

PRINCE RUPERT, B.C.—As a result of recently completed renovation work in medical, surgical and children's wards, operating room, and other departments, the interior of the Prince Rupert General Hospital presents a very attractive appearance. Miss Jean Harrison, R.N., has been superintendent of the hospital for the past eight years.

* * *

PRINCE RUPERT, B.C.—Need of a new hospital building in this city was recognized by Premier T. D. Pattullo

during his recent visit, but it is not known whether or not it will be possible for the provincial government to give financial assistance. The Premier has offered to put the services of the architectural staff of the provincial government at the disposal of the board at any time in connection with the preparation of plans.

* * *

QUEBEC CITY, P.Q.—The second annual convention of the Catholic Hospitals of Quebec Conference was held at the Hotel Dieu, Quebec City, on February 5th. Rev. Canon J. A. Chamberland and Sister Ste. Anne were among the speakers and the papers covered many subjects pertinent to hospitalization.

* * *

SAINT JOHN, N.B.—Miss Ruth Manning, R.N., left recently for St. Stephen to begin her duties as instructress at the Chipman Memorial Hospital. Miss Manning is a graduate of the Saint John General Hospital in the class of 1931 and has a brilliant scholastic record. Not only did Miss Manning lead her class at the Saint John General Hospital in 1931 and receive Dr. G. A. B. Addy's prize for highest marks in surgery, she also was the leader in the provincial examination for registration of nurses that season and won the H. J. Crowe scholarship for New Brunswick, which entitled her to a special course of study and which was available for a graduate of the Saint John General Hospital.

She spent 1931 to 1932 at McGill University taking the nursing instructor's course and holds a certificate for teaching in schools of nursing from McGill University of the year 1932.

* * *

SHERBROOKE, QUE.—The St. Vincent de Paul Hospital terminated the fiscal year, 1933, with an operating deficit of \$2,654.84. The expenditures for the year totalled \$169,833.85, while the receipts amounted to \$167,179.01. However, due to the fact that the year was inaugurated with \$11,090.12 cash on hand, the hospital concluded the fiscal period of 1933 with the sum of \$8,435.28 in the treasury.

* * *

TORONTO, ONT.—Work on the new Women's College Hospital will be commenced immediately. It has been agreed that the cost of labour should be included under relief to be paid by the two governments and the municipality. The cost of the hospital will be about \$600,000, and it is expected that about 200 men will be given employment over an extended period.

* * *

TORONTO, ONT.—Miss Edith Rayside, O.B.E., who recently resigned as nursing superintendent at the Hamilton General Hospital, sustained painful injuries in a fall in Toronto early in February. Miss Rayside slipped on the ice and sustained a fracture of her left arm near the shoulder. She was taken to The Toronto General Hospital and was later removed to the Hamilton General.

* * *

TORONTO, ONT.—The civic hospital commission on February 13th decided to recommend to the board of control that the city undertake to bear one-third of the cost of labour in connection with the projected \$700,000 pro-

gramme of extension and improvement at the Toronto Western Hospital. The recommendation is conditional upon the labour costs, to which the city is to contribute not exceeding \$300,000, and assuming that the provincial and federal governments will bear the remaining two-thirds of labour expenditures to this amount.

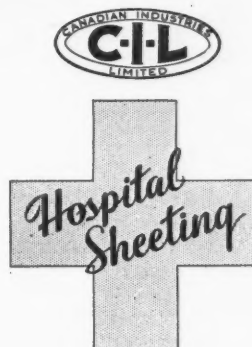
* * *

TORONTO, ONT.—The number of patients admitted to the Toronto East General Hospital has increased rapidly since Jan. 1, 1933, according to the annual report of Superintendent R. R. Hewson, while the average per capita cost for 1933 is appreciably less than it was in 1932. The total patient days in 1933 was 50,164, as compared with 44,710 in 1932, and the per capita cost was \$3.78 against \$4.11 in 1932. "We are very much in need of enlarged public ward accommodation in almost every department, as it is still necessary to use our private and semi-private wards for the accommodation of indigent patients," the report states.

* * *

TORONTO, ONT.—St. Michael's Hospital was honoured by a visit from His Excellency the Governor-General, on February 6th. His Excellency was met on his arrival by Father Cline and Mr. D. J. McDougald, representing the board of governors, and by the sister superintendent of the hospital and the Rev. Mother General of St. Joseph's Community. Sir Michael Culme-Seymour was in attendance.

Every department was visited. Lord Bessborough's stay was an extended one, because of his desire to speak to as many ex-service men as possible.



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(*Vitamins: A Survey of Present Knowledge*,
1932, p. 276)

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(*The Lancet*, October 8th, 1932, p. 781)

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MONTREAL

WINDSOR, ONT.—The East Windsor Health Association, as a result of negotiations with the East Windsor Board of Control, will carry on henceforth strictly as a private company, in the same manner that the Essex County Health Association operates the Sanatorium at Sandwich.

In the past, the administration of the Sanatorium has been closely allied with the civic administration, with purchasing being done by the city purchasing agent and finances handled by the city's assistant treasurer. A new secretary-treasurer, Eugene Langlois, has been appointed, and Charles W. Caple was appointed chairman of a new purchasing committee.

* * *

VANCOUVER, B.C.—Information has been received that the Vancouver General Hospital has been fully approved for internship by the Department of Hospital Service of the Canadian Medical Association. This hospital of 1,068 beds provides services for 35 interns, of which positions a number are allotted to women graduates. Six residencies also are available.

Book Reviews

"MATERNAL MORTALITY AND MORBIDITY." A study of their problems by J. Munro Kerr, M.D., F.R.C.P.S. (Glas.), F.C.D.G., Regius Professor of Surgery, University of Glasgow and Obstetric Surgeon, Glasgow Royal Maternity and Women's Hospital. Illustrated with maps, diagrams, charts, skiagrams, and hospital plans. Published by E. & S. Livingstone, 16 and 17 Teviot Place, Edinburgh (1933). The MacMillan Company of Canada, 70 Bond Street, Toronto. 328 pages. Price \$8.25.

At the present time this subject is being discussed a great deal, for the maternity mortality rate in Great Britain, the United States and Canada would seem to be unnecessarily high. In this excellent work Professor Kerr and his collaborators have made an exhaustive review of the factors in maternal mortality dealing in considerable detail with the causes, the means of prevention and the requisite obstetrical organization. Sepsis, the influence of operative procedures, the influence of abortion, antenatal care and the management of labour are among the subjects considered and where possible extensive statistical data is used. The role of the hospital is given a special chapter, as is also the problem of the education of the medical student. This work deals largely with conditions in Great Britain, but hospital administrators and physicians would gain much valuable information from this authoritative work.

* * *

"THE NURSES' DICTIONARY." Originally compiled by Honnor Morten, with phonetic pronunciations. Fourteenth edition revised and illustrated. Publisher: Faber and Faber Ltd., 24 Russell Square, London, W.C.1 Price 3/net. 364 pages. (1934.)

This concise little volume measuring four by three

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inches is a useful collection of the terms usually encountered by the nurse in her work or her training period. This fourteenth edition has been extensively revised and a number of useful appendices and tables have been added.

* * *

"THE HOSPITALS OF ONTARIO." A short history compiled by The Hospitals Division of The Department of Health, by authority of the Honourable Dr. John M. Robb, Minister of Health. Printed and Published by Herbert H. Ball, King's Printer, Toronto, 1934. 289 pages. Price \$2.00.

This volume recently issued by authority of the Honourable Doctor J. M. Robb, Provincial Minister of Health, may be said to provide a much needed Hospitals' "Who's Who." There are chapters devoted to the early history of hospital development, especially in Canada; Government and municipal aid to hospitals of the province; sanatoria for tubercular patients; hospitals for incurables; Red Cross Outpost hospitals; mental hospitals; and concludes with a chapter devoted to the nursing profession. Very full accounts, considering the space available, are given of all the Ontario hospitals, and the volume contains many excellent pictures of these institutions.

Obituaries

Dr. George H. Carveth

TORONTO, ONT.—Dr. George H. Carveth, well-known physician and one of the founders of the Western Hospital in 1886, died suddenly on January 26th, at the home of his nephew, Cecil Campbell, Newcastle, Ont., while on a short visit.

Born in Port Hope 76 years ago, he was educated at Bowmanville High School and the University of Toronto, where he was a gold medallist. He graduated in arts in 1882 and taught school in Port Hope for some years after his marriage to Miss Frances Crozier of Toronto. Later he returned to the University of Toronto and studied medicine. He practiced in Toronto for more than 50 years. For some years he was chief anesthetist of the hospital.

* * *

Dr. Archibald Wilson

TORONTO, ONT.—Dr. Archibald Wilson, retired physician, died at Western Hospital on February 7th, in his 82nd year.

Born in Manvers Township, Durham County, he was educated in the local public schools and at the old Trinity College Medical School, graduating nearly 60 years ago. For more than three decades he practised in Fenelon Falls and was the family physician for the chief residents of that place as well as of Haliburton and a large section of Victoria County.

Early in the present century he came to Toronto and was on the staff of the Western Hospital for many years, also medical director for Dr. Barnardo's Home for 22 years.

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Dr. W. J. Hendry

Doctor W. J. Hendry, son of Dr. W. J. Hendry, Professor of Obstetrics and Gynecology at the University of Toronto, died on February 18th from infantile paralysis. Doctor Hendry, who was only 25 years of age, was graduated from the University of Toronto last year and was awarded the Ellen Mickle Fellowship, which entitled him to a year's research work. He chose to take up his post-graduate work at the Carnegie Institute, Johns Hopkins University in Baltimore, and he was engaged in this when stricken. This brilliant young scientist carried off highest honours in his graduating year and was awarded the gold medal of the medical school here.

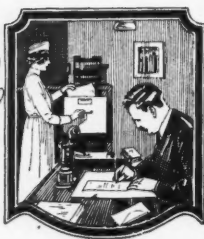
The New Deal for Hospital Construction

(Continued from page 5)

architect is often confronted with the question as to what type of hospital building is best suited for hospital needs? apropos of which it will be readily appreciated that the answer must necessarily be that no hospital building of whatever type is suitable for universal application.

Therefore it is incumbent upon all those responsible for hospital planning and construction to consider every factor entering into each individual hospital programme before determining the type of buildings to be erected, and this can be done by those who have given thought to and carried out research work upon the subject, otherwise an economic failure is inevitable; but unjustifiable, in the light of the knowledge which is available to-day.

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Prince Edward County Hospital at Picton Remains Open

At a special meeting of original subscribers or members of Prince Edward County Hospital, Picton, Ont., a provisional Board of Directors was elected whose duty it will be to frame a set of by-laws to be submitted as soon as possible for the approval of the "original subscribers or members." This procedure is in line with the advice of their solicitor, who explained these steps are necessary in order to reorganize the hospital following its recent closing.

Meanwhile the county council passed a grant of \$750.00 for the hospital, which together with private subscriptions brought the total to about \$1,100 to the end of January. The staff was re-engaged and the hospital remains open.

"Good Hospital Care" Film is Available to Canadian Hospitals

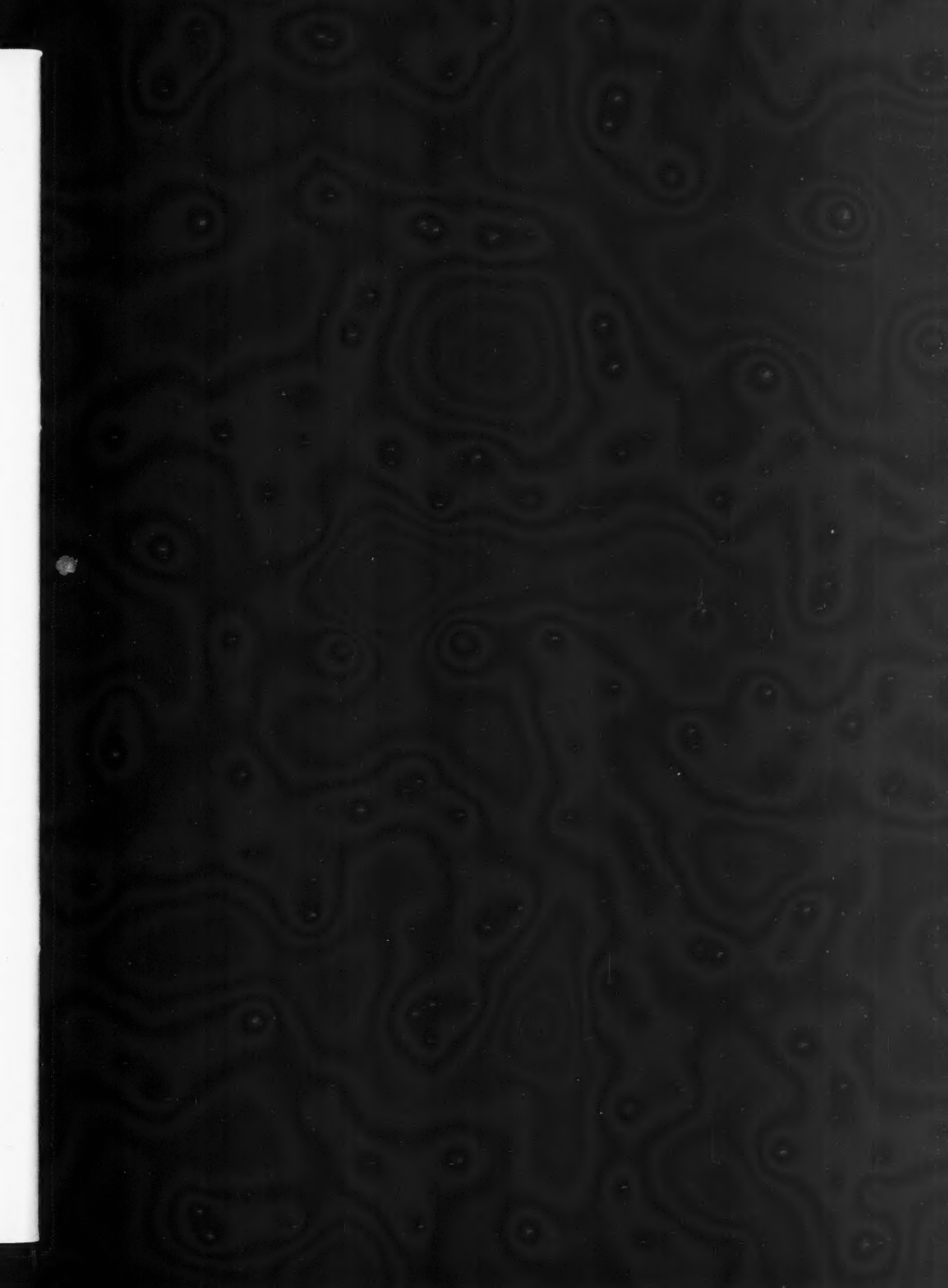
Many hospital people have had the privilege of viewing the film "Good Hospital Care," prepared by Doctor M. T. MacEachern, Hospital Director of the American College of Surgeons, when it was shown at various conventions in Canada and the United States. A copy of this talkie is available for use in Canada and would furnish excellent publicity for hospitals preceding "National Hospital Day," May 12th. Arrangements may be made for the use of this film in Canada on application to Doctor MacEachern at 40 East Erie Street, Chicago.

Ontario Hospital Association Convention October 24th to 26th

The Ontario Hospital Association will hold their annual convention as usual this year at the Royal York Hotel, Toronto. The dates, October 24th to 26th, have been chosen.

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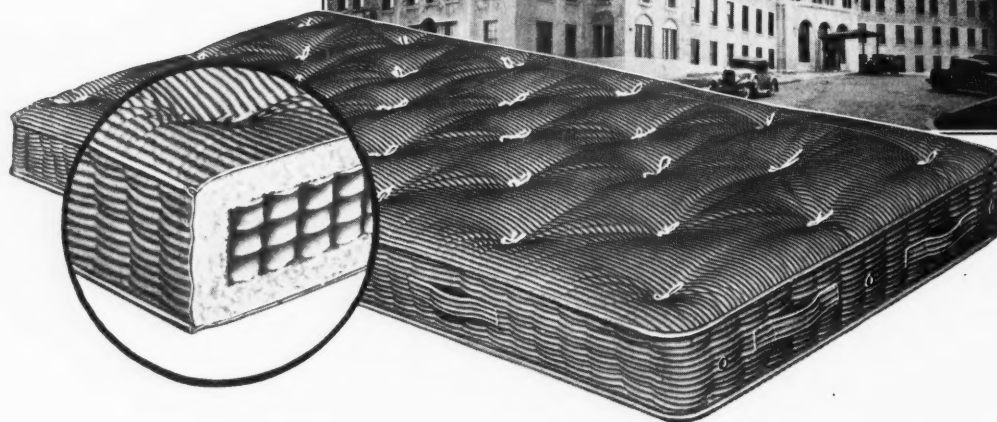
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